

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-037365

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

338

Primary Registration District No.

4501

Registrar's No.

30

STATE FILE NUMBER

FILED OCT 8 1962

DATE AMENDED

1. PLACE OF DEATH

a. COUNTY

Stoddard

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN

Bloomfield

Length of stay in lb

Yrs.

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION

At Son's home

Inside Limits
Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE Mo.

b. COUNTY

Stoddard

c. CITY
OR TOWN

Bloomfield

Inside Limits
Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location)

Reside on Farm
Yes ☐ No ☒3. NAME OF DECEASED
(Type or print)

First

Hestle

Middle

Dewey

Last

Hopkins

4. DATE OF DEATH

Month

Oct

Day

3

Year

1962

5. SEX

Male

6. COLOR OR RACE

White

7. Married ☐ Never Married ☐Widowed ☐ Divorced ☒

8. DATE OF BIRTH

6-4-1899

9. AGE (last birthday)

63

IF UNDER 1 YEAR

Months Days Hours Min.

IF UNDER 24 HR

Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Retired Stone Clerk

10b. KIND OF BUSINESS OR INDUSTRY

Dry Goods Store

11. BIRTHPLACE (City and state or country)

Bloomfield,

12. CITIZEN OF WHAT COUNTRY

USA

13a. FATHER'S NAME

Wm. Uriah Hopkins

13b. MOTHER'S MAIDEN NAME

Armenta Proffer

14. NAME OF HUSBAND OR WIFE

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes, give war or dates of service)

No.

16. SOCIAL SECURITY NO.

17. INFORMANT

Leon Hopkins, Bloomfield, Mo.

Address

18. CAUSE OF DEATH (Enter only one cause per line)
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Respiratory Failure

INTERVAL BETWEEN ONSET AND DEATH

Acute

DUE TO (b)

Metastatic carcinoma (lungs)

1-2 yrs.

DUE TO (c)

(carcinoma (bowel)

1-2 yrs.

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH, but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY PERFORMED?
YES ☐ NO ☐

20a. ACCIDENT

☐

SUICIDE

☐

HOMICIDE

☐

20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY

Hour a.m. p.m.

Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from

Aug 3,

Oct 2, 1962

and last saw him alive on Oct 3, 1962

Death occurred at 2:15 P.M.

m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

M. J. Fustes, D.O.

22b. ADDRESS

Bloomfield Missouri

22c. DATE SIGNED

10-4-62

23a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

23b. DATE

Oct 6-1962

23c. NAME OF CEMETERY OR CREMATORY

Lick Creek Cemetery

23d. LOCATION (City, town, or county)

Bloomfield, Missouri

(State)

24. FUNERAL DIRECTOR

ADDRESS

Chiles Und. Co., Bloomfield, Mo.

25. DATE RECD. BY LOCAL REG.

10-6-62

26. REGISTRAR'S SIGNATURE

Alonzo S. Leggett

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1961 OCT 6

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

& by Lulu Cooper # 3499

Student Embalmer No.

~~XXXXXX~~

Student

Signed

Signature of Student Embalmer

Licensed Embalmer No. 4119

P. O. Address Bloomfield, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.

10/6/61

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